

CLAIMS ONLY

Application Number

09/349,638

Filing Date

7/8/99

Applicant(s)

7/21/04

* May be used for additional claims or amendments

CLAIMS	AS FILED D		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

	D		7/21/04			
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM ITO-527)						SERIAL NO. 091349, 638		FILING DATE 7/8/99			
						CLAIMS		A		B	
AS FILED		AFTER IN ASSIGNMENT		AFTER OUT ASSIGNMENT		NO.	DEF.	NO.	DEF.	NO.	DEF.
1						61					
2						62					
3						63					
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TOTAL NO.						TOTAL NO.	13		13		13
TOTAL DEF.						TOTAL DEF.	6		6		6
TOTAL						TOTAL	19		19		19

4/9